Moreno Valley College
Extended Opportunity Programs and Services (EOPS)
DSS Verification Form

Student Name _____ Student ID _____ Date _____
Last Name, First Name

Fall 201_____ Spring 201_____

Please understand that EOPS cannot guarantee that student will receive an approved course load accommodation. It is to the discretion of the DSPS office to verify student's disability and support particular accommodation.

Please schedule an appointment with the Moreno Valley College Disabled Student Service office for approval of your request to be waived from the 12 unit enrollment requirement for EOPS. A DSP&S staff member must complete the form and sign it in order for you to qualify for the waiver. Please return this form to the Moreno Valley College EOPS/CARE office once it is approved.

☐ Approved ☐ Disapproved

Based on the educational limitations resulting from his/her documented disability, this student's recommended course load for the current semester is _____ units.

Additional comments/recommendations:

_____
_____
_____
_____

DSP&S Counselor/Specialist _____ Date _____
Signature

EOPS Office Use Only

Database Updated ☐ **Date:** _____ **Staff Initials:** _____